

Chapter 7

FORCES FOR CHANGE

Dr. Lawrason Brown became a member of the "Climatological" in 1904 and was its president in 1920. Throughout all these years he rarely failed to attend a meeting, contributing frequently to the program and always to the discussion. His love for the Climatological was great, and he was among those who saw the need for a change of policy. At the Washington meeting in 1922, he asked a small group of enthusiastic members to meet him in the hotel room that he was sharing with Dr. Charles Minor. Brown expressed the belief that the need had passed for a society such as the Climatological then was, but that its friendly and helpful spirit should be preserved; that the papers should embrace broader clinical subjects than those of especial interest to men living in health resorts; and that new members should be selected from workers in every field of medicine.

Dr. Gordon Wilson (Fig. 16) was among those present. He saw the light and immediately set to work. That he, in collaboration with Dr. Walter Baetjer (Fig. 17) and Dr. Louis Hamman (Fig. 18), were able to leaven the loaf is an important part of the history of the Climatological. These three men were actively concerned for the best part of the following nine years with the responsibility of admissions to membership, serving for most of that period on the Council. They were able to instill a new spirit into the Association at a time when interest waned and many members failed to attend the meetings or to submit worthwhile papers.

In 1924, only 75 members attended the meeting and the Council presented no new names for membership in the Association. That year, an amendment to the constitution was passed: "Anyone who has been a member in good standing in this Association for 25 years is automatically transferred to life membership, and anyone who has been an active member for 20 years in good standing and has attained the age of 60 years may become a life member by expressing his desire to do so in writing to the Council." In view of the limit to the number of active members this was an effort to increase the number of vacant positions for the election of new members. As might be expected, some of the older members of the Climatological expressed some resentment at being put on the shelf.

Among those elected in 1925 were Russell L. Cecil, Robert A. Cooke, George Draper, Alphonse Dochez, and Henry R. Geyelin of New York; Russell Haden of Kansas City; John T. King, of Baltimore; Thomas M. McMillan of Philadelphia; George R. Minot of Boston; and Charles C. Wolfert of Philadelphia—all men who fitted the pattern advocated by



FIG. 16. Gordon Wilson (Courtesy of Dr. Theodore Woodward)

Hamman and his colleagues. In his Presidential Address of 1926, David R. Lyman of Wallingford, Connecticut stressed that new men should be recruited from the younger group. He also felt that they should have a scientific background: "No doubt but the future of medicine is slowly building upon a basis of science unknown to our generations, and no question but that to keep our circle virile and productive we must ever renew it from the group who are trained in those modern sciences and who are yet in that portion of the life cycle where the lure of the unknown is still calling to them to put forth their highest efforts." He warned, however, against any tendency to consider scientific training as the sole or even the chief source of new strength for the family circle. It was his feeling that "the combination of heart and brain is ever the one that wields the greatest influence."

Additional members of talent were also elected in 1926, including Maurice C. Pincoffs. The new recruits in 1927 were Logan Clendenning

of Kansas City, Frank Evans of Pittsburgh, George R. Herrmann of New Orleans, and W. B. Soper of New Haven. Among those elected in 1928 who were to add distinction to the Association were Francis M. Rackemann and Joseph Treloar Wearn. During this period individuals could be elected to associate membership, but they were usually given full membership after a year in this category. In 1929 those added to membership included Maurice Fremont-Smith, Henry Jackson, Jr., William S. McCann, and James J. Waring, all of whom were to add luster to the proceedings of the Association.

The influx of excellent new members continued in 1930 with the addition of Charles R. Austrian of Baltimore, Hugh J. Morgan of Nashville, and O. H. Perry Pepper of Philadelphia. In 1931, Henry M. Thomas, Jr., of Baltimore, was added to the membership. In 1932, additional excellent choices were admitted, including Harold L. Amoss of Durham, Edwin Cowles Andrus of Baltimore, Robert L. Levy of New York, T. Grier Miller of Philadelphia, David T. Smith of Durham, Howard B. Sprague of Boston, Cyrus C. Sturgis of Ann Arbor, and J. Edwin Wood of Charlottesville.

In 1933, following the death of Gordon Wilson, the Council voted to establish the Gordon Wilson Medal for Clinical Excellence. The succeeding lectures that the Climatological has had the opportunity to hear attests to its suitability as a memorial to the tremendous effort that Wilson, among others, put into assuring the survival and effective growth of the Association. It was fitting that in 1933 an unusually talented group of new members was admitted to the Association, including Herrman L. Blumgart of Boston, C. Sidney Burwell of Nashville, Tennessee, George A. Harrop of Baltimore, Chester S. Keefer of Boston, John W. Moore of Louisville, Henry B. Mulholland of Charlottesville, and Thomas M. Rivers and John H. Wyckoff of New York.

THE FINAL CHANGE IN NAME

On May 10, 1933 the final change in the Association's name came with the alteration of Article I in the constitution to read "The society shall be known as the American Clinical and Climatological Association." Dr. Lawrason Brown, in discussing this amendment at the Council meeting in 1932, indicated that while he had been a member of the Climatological Association for many years and had always been fond of the "Climatological" part of the name, the time had come to drop the term and to label the Association simply as the American Clinical Association. Dr. Gordon Wilson differed strongly, bringing out the fact that there was a historical interest of such importance to the name that it would be a mistake to drop it, especially since the Association's 50th anniversary would arrive the following year. James Alexander Miller supported Wil-



Perkins

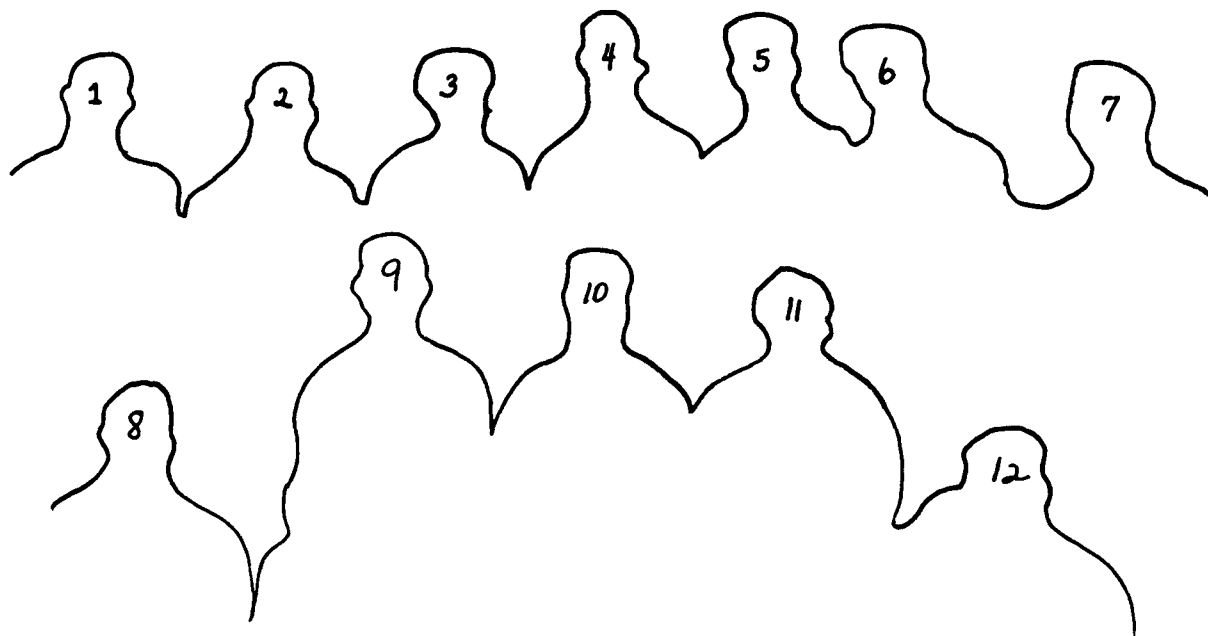


FIG. 17. Faculty group at Johns Hopkins circa 1914 (Chesney Archives, The Johns Hopkins Medical Institutions, Baltimore, Md.). 1- Robert L. Levy, 2- Arthur L. Bloomfield, 3- Dorothy Clarke, 4- Thomas P. Sprunt, 5- Wilbur G. Carlisle, 6- Eveleth W. Bridgman, 7- Alan M. Chesney, 8- George R. Minot, 9- Charles R. Austrian, 10- Paul W. Clough, 11- Walter A. Baetjer, 12- F. Janney Smith



FIG. 18. Louis Hamman

son, pointing out that the name had great sentimental value and that it should be continued. President Hamman turned to one of the younger members present at the Council meeting, Dr. Rackemann, who felt strongly that the designation was unique and it would be quite undesirable to drop the word Climatological—the one word which all the members used in referring to this society among themselves.

It was fitting that in view of his efforts to bolster the strength of the society, Louis Hamman should have been president in 1932, when the Council approved the change in name. The success of his efforts in collaboration with Gordon Wilson and Walter Baetjer was evidenced by the program that he assembled for this annual meeting.

The next president, Charles Parfitt, wrote to Secretary Rackemann on May 7, 1934, discussing the name of the society:¹

I note that in the 1932 *Transactions*, Wilson, Lyman, Miller and Eliot, as well as yourself, were all in favor of carrying the word Climatological in the title of the

Association for sentimental reasons. There is no doubt that when the name of the Association is mentioned to nonmembers the dual name requires some explanation and the word "climatological" justification. Fond as I am of the Association, I think it would be better defined as to purpose and in heightening the esteem of outsiders by following Brown's suggestion to limit the name to the American Clinical Association. With this limitation and scope I believe that the criticism of the younger men would be better met. I can see the object of the Association to bring together a group of men engaged in practical medicine in various fields who are interested in clinical research rather than in experimental research. They may or may not be teachers of practical medicine, but those who are can be of great assistance to other members who are not. More specialized societies have undoubtedly invaded fields of work in which our miscellaneous membership is interested and thus make our existence harder and our society less well justified. Because of this the point of good fellowship is an adjunct which is generally appreciated, I think, although I feel that it should be felt and implied rather than stressed. In 1913 the name and scope of the Association were changed. There were evidently heart searchings then.

Further reformation was attempted with fair success. Many new members entered after this date, possibly and probably with considerable condescension in order to help raise its standard. While some members have given uplift, after some time their prestige may have been something of a deterrent to self endeavor of the less distinguished members. I have been encouraged in recent years to think that high class men find something worthwhile in the society, less sublimated than the AAP and the Young Turks because there is an attempt to epitomize practical clinical medicine.

In 1934 the letterhead of the Association read "American Clinical and Climatological Association," so that the name problem was finally settled. It is clear from this correspondence that Rackemann occupied the office of secretary at a very critical time in the Association, when major changes were in progress. His devotion to the job and his love for the Association played a major role in the successful outcome.

The man most responsible for reviving the Climatological in the midst of its most dangerous path toward extinction, Charles L. Minor, died on December 26, 1928. In his excellent Memorial of Minor, Paul H. Ringer said:²

The fame and reputation that he achieved both nationally and internationally are known to all here. Before this gathering he needs no eulogy nor do his attainments require justification. Before this body of men one can speak more intimately and personally concerning what the "Climatological" meant to him and what he meant to the "Climatological". . . .

Dr. Minor was a sincere believer in the value of medical societies and confirmed that belief by faithful attendance at the meetings of the many organizations to which he belonged. I know, however, that in his mind the associations in which he participated were divided into two classes: 1) the Climatological [and] 2) all the rest. He anticipated the meetings of this Association with pleasure and an enthusiasm that cannot be realized by those of you who did not associate with him from day to day. He felt that at its meetings he received not only mental stimulus and professional incentive, but, far better than these, he met his warm and intimate friends; friends that distance and the mutual pressure of the demands of practice prevented him from seeing as frequently as he would have wished. These meetings were for him a veritable

outpouring of his soul and a lavishing of affection upon men whom he loved, whose photographs adorned the walls of his office, to whom he often wrote, but who, at last, he could clasp by the hand and talk to in the flesh. He always returned from the Climatological stimulated, refreshed, and strengthened in his belief in the sanctity and permanence of human friendship. I know that of the many honors bestowed upon him none pleased him more or came closer to his heart of hearts than the presidency of this Association in 1913.

And what did he mean to the "Climatological"? Very much what the "Climatological" meant to him, for affection is nothing if not reciprocal. With his geniality, his remarkable facility of speech, his interest in all medical topics whether connected with his own specialty or not, with his versatile and encyclopedic mind, with his lightning-like thrust at an opponent in discussion, and his frank appreciation of the value of that opponent's argument when based on reason and truth; with his masterful personality and capacity for utter enjoyment, he was time and again the life of the party. On the few occasions when he was forced to miss meetings, the oft repeated "Where is Minor?" "How is Minor?" "How we miss Minor!" amounted to a veritable slogan. The Climatological meetings were of two kinds: one when Minor was there—the other when he was not.

The precepts and goals set for the Climatological during this period of its evolution were well expressed by President John Eager Howard in his presidential remarks in 1973:

The Association, I believe, with all its delights, has steadfastly maintained the precepts and goals set for it by its founding fathers. It has yielded with the punch of overemphasis on science in medicine, but has not broken. If now, when the pendulum swings the other way, from basic investigation to technical service, as is everywhere confidently predicted, let us hope that the leaders of this association again bend but don't break, and that the *science* of medicine will still be a strong factor in our midst as we continue to strive for better patient care in an atmosphere of generous friendship.

Change is ever with us, inescapable; it is a part of biology and life; but let us change only for the better and not discard the good precepts our heritage has left us. Let our motto be, as in the old French saying of Paris: "*Le plus Paris change, le plus elle reste la même.*" The more Paris changes, the more she remains the same. So be it with the Clinical and Climatological Association.

THE FORTY-NINTH ANNUAL MEETING

The forty-ninth annual meeting was held at the Seaview Golf Club in Absecon, New Jersey, on May 5, 6, and 7, 1932 (Fig. 19), under the presidency of Louis Hamman.³ At that meeting the Council voted on an amendment to the constitution to change the organization's name to the American Clinical and Climatological Association from its previous title, the American Climatological and Clinical Association. The constitution was changed to read: "The object of this Association shall be the clinical study of disease, especially of the respiratory and circulatory organs." The change was approved by the membership in 1933.

Hugh J. Morgan and his associates, H. T. Hillstrom and C. G. Blicht, talked on "Early (Subclinical) Syphilitic Aortitis: An Evaluation of Radiographic Diagnostic Methods." Hugh Morgan was to become profes-

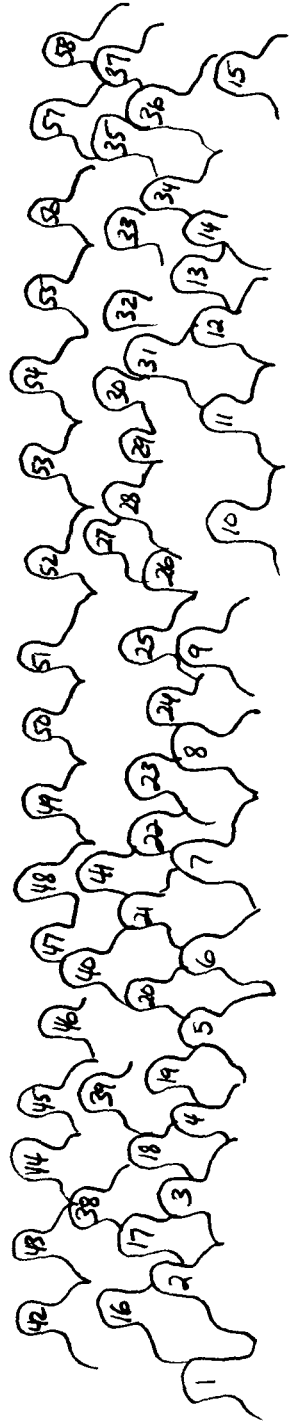
sor of medicine and chairman of the department at Vanderbilt. Dr. George R. Minot presented further work on pernicious anemia, stating that this disease, like other deficiency states, should be treated on a quantitative basis by supplying enough potent material to meet the optimal daily demands of the patient's body throughout life. To give enough just to maintain the red blood cells at their normal number does not imply that all demands of the body have been met adequately. In the extensive discussion that followed, Minot emphasized that pernicious anemia is not only a disease of the blood but involves other systems, including the nervous and the gastrointestinal systems. Another paper that represented increasing attention to psychological problems was the discussion of Maurice Fremont-Smith on "Relationships Between Emotional States and Organic Disease." This paper provoked an unusual amount of discussion. The effect of tonsillectomy on the occurrence and course of acute polyarthritis was the subject presented by Maxwell Finland, William H. Robey, and Harry Heimann. In the discussion, President Hamman pointed out that everyone felt that a strong relation existed between tonsillar infection and rheumatic fever, and there was a general impression that many cases were benefited by tonsillectomy. There was, however, no statistical evidence either to prove that children who have had their tonsils removed have a smaller incidence of rheumatic fever than children whose tonsils have not been removed, or to show that children who have had one attack of rheumatic fever have fewer subsequent attacks if the tonsils are removed than a similar group in which the tonsils have not been removed. Another of the distinguished members of the Association, Henry Jackson, Jr., talked on "Some Little Appreciated Aspects of Malignant Lymphoma."

It is interesting that in this stage of the Climatological Association's existence, special round-table sessions were held in the afternoons. These were conducted by one of the members and the basic subjects were related in most instances to diseases of the heart and diseases of the chest. These had been organized at the request of many members who did not play golf or tennis and who wished to have the opportunity for additional medical discussion at the meetings.

THE FIFTIETH BIRTHDAY

The fiftieth meeting of the Association occurred in 1933. The meeting that year was one of the most memorable in the history of the Climatological, taking place on May 9 and 10, in Washington, D.C. under the presidency of George R. Minot,⁴ with Francis M. Rackemann in his first year as secretary.

There were several notable events: first, this was the year in which the Gordon Wilson Medal for Clinical Excellence was established, in memory



of this distinguished member of the Association who had died in 1933; and second, the suggestion was made that this Association meet in the fall, perhaps in the second week of October, rather than in the spring. In the northeast at least, there were a number of spring meetings, including that of the American Medical Association, and it appeared to many that it would be more pleasant to separate the Climatological meeting from the others. This recommendation was to be voted upon the following year.

As one looks at the program this half-century year, it is clear that the Climatological had come fully into the modern era of clinical science and its relation to a sounder medical practice. Only three papers on the program were related to tuberculosis. The program was more than ever dominated by men whose interest was in the broader aspects of internal medicine, including Russell L. Haden, Russell L. Cecil, George Draper, T. Grier Miller, Robert L. Levy, L. W. Gorham, Howard B. Sprague, Fuller Albright, E. Cowles Andrus, M. C. Pincoffs, Paul D. White, James J. Waring, George C. Shattuck, Joseph H. Pratt, Richard A. Kern, Francis M. Rackemann, Walter R. Steiner, David T. Smith, J. Edwin Wood, Jr., and Alphonse R. Dochez.

FRANCIS RACKEMANN BECOMES SECRETARY: A TURNING POINT IN THE FORTUNES OF THE CLIMATOLOGICAL

In 1933 George Minot was elected president of the Association, and in that same year, Stone resigned his secretaryship. Minot had the authority to appoint a new secretary, and he appointed Francis Minot Rackemann. Stone was pleased with this arrangement and told Rackemann: "The Climatological is a remarkable group of friends. They are all good fellows and they will do whatever you tell them to do." Minot, in discussing the move with Rackemann, said: "Here is a wonderful opportunity. Let us

FIG. 19. Members of the American Clinical and Climatological Association, Seaview Golf Club, near Atlantic City, May 5, 1932 (Courtesy, The Francis A. Countway Library, Boston, Mass.). 1- H.A. Bray, 2- F.M. McPhedran, 3- E. Mayer, 4- J.T. King, Jr., 5- A.H. Garvin, 6- J.J. Waring, 7- R. Wilson, 8- G. Wilson, 9- H. McLeod Riggins, 10- C.C. Habliston, 11- G. Miller, 12- W.B. Mount, 13- J.H. Pratt, 14- W.H. Robey, 15- R.R. Snowden, 16- H.M. Thomas, Jr., 17- J.H. Elliott, 18- J.H. Smith, 19- N.K. Wood, 20- O.H.P. Pepper, 21- G. Thorburn, 22- J.B. Amberson, 23- W.B. Soper, 24- C.D. Alton, 25- L. Hamman, 26- A.K. Stone, 27- T.N. McMillan, 28- F.B. Trudeau, 29- T. Klein, 30- W.A. Griffin, 31- L.W. Gorham, 32- A.H. Gordon, 33- G.M. Piersol, 34- L. Brown, 35- D.R. Lyman, 36- H.L. Barnes, 37- C.W. Crankshaw, 38- W.B. Porter, 39- H.M. Kinghorn, 40- C.W. Dowden, 41- W.L. Bortree, 42- E.W. Packard, 43- H.J. Morgan, 44- C. Floyd, 45- J.W. Price, 46- I.I. Lemann, 47- P.H. Ringer, 48- T.C. Kelly, 49- A. Keidel, 50- C.R. Austrian, 51- J.B. Hawes II, 52- E.H. Funk, 53- A.B. Gilbert, 54- F. Rackemann, 55- M. Fremont-Smith, 56- H. Sprague, 57- T.P. Sprunt, 58- W.A. Baetjer

see how this Association can be improved still more. First, we must continue to choose new candidates with greatest care. Let us try to find scholars who have culture and charm, and then let us find attractive men who are scholars." They also discussed a second important matter, agreeing that the president, rather than the secretary, should be responsible for the program, as had previously been the case. In that way they felt that the president could set the tone of his own meeting.

In the beginning Rackemann was ambivalent about accepting the position of secretary. He did so for the initial year mainly because of his friendship with Minot. On April 3, 1933 Louis Hamman wrote to Francis Rackemann:⁵

My own feeling is that you and Minot have done so much this year and produced a program which is altogether delightful and absolutely in tune with the new spirit that for the past nine years we have been nursing. About that many years ago, some of the wiser heads felt that the Association could not continue on just brotherly love. It was felt that there was a real place for such an Association as this one and that there must be enough men in the country doing good work who would also enjoy three days of half work and half pleasure. I've been on the Council for the whole of these nine years and so was Gordon Wilson and for most of the time Walter Baetjer. We have tried to select men who would be interested and I believe with considerable success. It would be a pity to have all this work spoiled. We will talk it over further in Washington. Judging from the work you've done already, I believe you are the one to be secretary and I hope that you will not let the irritations that have come up make you refuse. Maybe you will learn to love us if you keep on a little longer. I feel that with the death of Gordon Wilson the future of this society is in a period of crisis and that the next few years will determine whether or not it will continue.

This letter of Hamman's was a reply to one of Rackemann's, who on March 11 had stated: "The trouble with Minot and me is: first, that we both belong to too many societies; and second, that we have not been brought up in the Climatological so that we can appreciate that this society is quite different from other medical societies and that it has an atmosphere of good fellowship or even affection which is somewhat different.

In another letter to Hamman, on April 7, Rackemann went further: "Please don't misunderstand my letter of March 11. I'm perfectly ready and willing to become secretary. Indeed, my election is a distinct honor. You, on the other hand, must remember that at the present time I am acting as secretary only because I happen to be a close friend of the president. While he thinks I'm alright, I'm not at all clear that the society as a whole will agree, or, more important, I'm not at all convinced that I am the best man." In the end, of course, Rackemann accepted, and his acquiescence proved to be an important milestone in the history of the Climatological: Rackemann became the symbol of the organization and probably did more than any one man to bring it to its current state of success.

The mid-1930s were a time of change for the Climatological, but it is particularly fortunate that some of Minot's views did not eventuate. In a confidential letter to Rackemann in 1934, Minot pointed out that the Climatological shared many joint members with the Association of American Physicians (approximately 33 percent). He wondered if the Climatological could not do more to avoid competition with the Association and suggested the possibility that the Climatological shift its meetings from the fall to bring them into close association with the meetings of the American Physicians. Indeed, he suggested that it might be worthwhile to hold the meetings on the same day in adjacent hotels and to seek cooperation between the societies. "I think the character of the meetings is definitely satisfactory. The round table conference is good. The thing I object to is the fact that a good deal of time is given to playing golf. A medical meeting of one or two days is enough. Let there be medicine in the morning and afternoon and free time after 5 o'clock. It is a mistake, I am sure, to extend the meeting beyond two days. I also believe it is a mistake for a serious medical meeting to have too much time devoted to golf. I do not doubt there are many men who like to go for what I call the social aspects and the golf, but can a national medical organization exist for that purpose . . . I suppose that there are more men interested in disorders of the lungs than any other topic. It would be unfortunate, I think, to make the organization purely one that specializes in disorders of the lung. It should be an organization for internal medicine. The presentations should be practical and of the same character as appeared on the program this year. We want first class clinical papers." If some of Minot's views had prevailed, the whole character of the Association would have changed: it might never have achieved its current success as a family meeting, with wives in attendance, and the opportunities for informal exchange and recreation would probably not have been realized.

THE "CLIMATOLOGICAL AT ITS MID-CENTURY": A SUMMARY

Dr. T. Grier Miller summarized the first 50 years of the Climatological, along with its objectives for future successful development:⁶

Originally interested primarily in the study of climatology and hydrology in their relationship to disease, the Climatological Association naturally selected health resorts for most of its meeting places: Richfield Springs, New York; Hot Springs, Virginia; Lakewood, New Jersey; Niagara Falls; Maplewood, New Hampshire; and Fortress Monroe, Virginia. Although later, as the Climatological and Clinical Association, it was less concerned with the effects of environmental conditions, it continued to seek for its meeting places such isolated communities as the Seaview Golf Club, The Princeton Inn, White Sulphur Springs, Skytop Lodge,

and Hershey. Its membership has been made up largely of medical teachers, most of them from large urban centers, but the Association has always tended to avoid the rigidity of the medical school and the formality of congested areas. This custom has persisted probably because the members' interests were broader than that of purely scientific medicine. A perusal of its programs will disclose that medicine as a science has not been neglected, but, in addition, the Association has appreciated the humanistic and cultural aspects of medical activities, the value of social contacts among its members and their wives, of relaxation from the clinic and the laboratory, and of communion with nature in open, quiet places. For the first half of its existence, the Association devoted itself largely to a consideration of climatology, hydrology and mineralogy in their relationship to diseases of the respiratory and circulatory organs. In their formal presentations during that period, the members vied with each other in stressing the natural advantages of their respective communities, whether mountainous regions, inland retreats or seaside resorts. In the early *Transactions* one finds many papers devoted to the natural beauty of the landscape and the healthgiving qualities of the climate, soil, and waters of almost every section of the country and of many foreign resorts: Southern California; Tidewater Virginia; Point Pinelos, Florida; Roan Mountain, North Carolina; Southwestern Texas; the Pine Belt of New Jersey; the Evergreen Forests, and the Mediterranean of the United States—Pass Christian, Mississippi. Many of the descriptions afford fascinating reading and almost persuade one that a sojourn in any of these places is all that is required for a cure from any disease.

Colorado finds first place among the descriptions, both in the quality and the quantity of laudation. At one meeting, in 1887, three papers were devoted entirely to the climatic virtues of the Centennial State, two to those of Colorado Springs. One of the latter, accompanied by fifteen elaborate tables, gives specific data on the atmospheric conditions in the sunshine and in the shade for each hour of the day and each month of the year, on wind direction and velocity, and on rainfall. To quote from Dr. Solly's paper on the "Invalid's Day in Colorado":

After a night in which there has been a hard frost and a clear sky, with a light breeze from the north, and during which the invalid has usually slept soundly under several blankets, with his window partly open, he wakes up to find the sun shining into his eastern window. . . . After breakfast, our invalid steps into the street, being then in an atmosphere in which the heat in the sun is 92° F. and in the shade 30° F. A gentle air is stirring from the northeast at the rate of eight miles an hour. The mean dew point is 18.

As the day proceeds the temperature rises to its highest point, between 2 and 3 p.m., being 100° in the sun and 40° in the shade, while the wind, which has veered rapidly from the north to the south, blows with its highest daily velocity, of thirteen miles an hour. After 2 p.m. the wind works back again toward the east, being at

sundown northeast, and continuing as darkness falls, to shift back to the northern quarter, whence it blows from 8 p.m. to 9 a.m., its velocity dropping to between seven and eight miles an hour; the temperature of the air at the same time falling from three to four degrees.

Thus it was clear why so many victims of tuberculosis wound up in Colorado Springs.

The first address before the Association, in 1884, was delivered by Dr. F. I. Knight, of Boston, in the absence of the president, Dr. A. L. Loomis. He discussed the "Art of Therapeutics" and stated that for thirty years the medical practitioner had been "absorbed in the pleasure and satisfaction of exact diagnosis to the detriment of the art of therapeutics" and that, as a result, the public had suffered. To correct this, he advocated a study of climate, the construction of better hotels and more attention to the food supply. Dr. Loomis was continued in office and the next year urged a concerted study of the value of localities, including their mineral springs, for the cure of respiratory diseases. In 1886, Dr. William Pepper, the second president, presented an exhaustive 80-page paper on the temperature, soil and winds of Pennsylvania, with extensive colored maps and charts.

In those early days of the Association, one third of the deaths in active middle life were due to tuberculosis, and naturally primary attention was being given that disease. At the meeting in Denver, Dr. Denison stated that climate, with reference to pulmonary disease, was more important than any other therapeutic measure. Thus we can understand the enthusiasm of the membership at that time for climatology as a therapeutic measure.

The first question raised about the efficacy of climatic therapy appeared in the Presidential Address of Dr. E. Fletcher Ingals, of Chicago, in 1897, entitled "The Antiseptic Treatment and the Limitation of Climatic Treatment of Pulmonary Tuberculosis." Subsequently, papers began to appear on other aspects of tuberculosis and on other subjects, some rather unusual, as was a presentation by Dr. William Duffield Robinson, of Philadelphia, on the "Climatology of Nudity."

At the meeting in Los Angeles in 1902, Dr. Norman Bridge first called attention to the impropriety and dangers of sending some tuberculous patients to distant resorts, away from family and friends and without funds for proper shelter and food; of the substitution of opinions and guessing for facts; of the suggestion of advertising in some of the papers, and of placing blind faith in climate.

Dr. James C. Wilson, of Philadelphia, first declared in 1904 that the field of climatology was too narrow for the Association and favored an expansion of interests, but at the same time commented on the importance of a maintenance of good fellowship in the organization. The next

year Dr. W. F. R. Phillips, of Washington, insisted on a more scientific approach to medical problems and on laboratory investigation of the physiological effects of heat and moisture. Dr. Thomas Darlington went even further in his Presidential Address, insisting on a broad study of all public health problems.

Thus the way had been prepared for the courageous presentation by Dr. Charles L. Minor of Asheville who in 1913 reviewed the developments in medicine since the origin of the Association, thirty years previously, especially with reference to tuberculosis, and insisted on: 1) a change in name to "The American Climatological and Clinical Association, or better, the American Clinical and Climatological Association"; 2) a discussion of all topics of general clinical medicine; and 3) the admission of members on the basis not only of good fellowship but also of their accomplishments and promise for the future.

Dr. Minor's program was accepted, and the name became the American Climatological and Clinical Association. This action, however, was probably not enthusiastically received by all the members, because in the next two presidential addresses reference was made to the special importance of climatology in therapy. Nevertheless, after that time one finds in the presidential addresses an insistence on a more scientific attitude and an appreciation of the necessity of dealing with patients on the basis of their individual circumstances. Dr. Henry Sewall stated that in the end the chief service of the practicing physicians was "that of a comforter." In his suggestions for the benefit of the Association, Dr. Lawrason Brown, in 1920, called for more vision, a careful reporting of scientific observations, friendly but frank criticism of new ideas and the selection for membership of young men with personality and the spirit to think and write. Always emphasis was placed on the clinical bearing of the Association's work, its therapeutic value, and in this connection mental, moral and social factors were not neglected. Dr. Edson, of Denver, thought that having the meetings in various smaller places tended to influence the practical character and the human personal quality of the Association's work.

Then about 1923, because of the emphasis that was being placed on laboratory work in diagnosis, some criticism of medical teaching began to appear in the presidential addresses. Dr. Charles W. Richardson, of Washington, insisted that laboratory results should be regarded as supplementary to, and not as a substitute for, purely clinical medicine. Dr. Gordon Wilson, and later, Dr. George Morris Piersol, urged more attention in teaching to the elemental clinical procedures, to personal observations on the patient himself and to reasoning, and less to so-called accessory diagnostic procedures. Dr. Joseph Pratt struck a somewhat different and prophetic note in his address of 1928: he urged that, in order to prepare men for careers in academic medicine, they be retained

in the hospitals after their internship on a full-time pay basis, dividing their time between the laboratory and the ward—the system now generally in vogue. Always, however, no matter what was being discussed in the meetings of this Association, special emphasis was given to the importance of seeing patients and of rendering a service to them, of being human and sympathetic in all personal relationships. Dr. David R. Lyman characterized the qualities of the Great Physician as simplicity, sympathy, keen intelligence and love of fellowman.

In 1931, as a result of the new emphasis on clinical medicine as a whole and because of the varied interests of its members, Dr. Darlington moved that a committee be appointed to consider again changing the name of the organization, and he suggested "Clinicians" or "Clinical Society." Dr. Piersol, then the president, appointed Drs. Gordon Wilson, Darlington, Stone, Trudeau and Webb as the members of such a committee, and the next year it was agreed to change the name to its present one—which was, incidentally, the name preferred by Dr. Minor 10 years earlier.

In one very fundamental respect the character of the members and the spirit of the organization have never changed. From the beginning there have been three leading objectives: to bring relief to the sick, to cure disease, to increase the joy of living. In other words, the members have steadfastly been interested primarily in the "art of therapeutics," about which Dr. Knight talked in 1884. That objective explains the enthusiasm about climatology, about better living conditions for the sick, about improvements in the therapy of heart and lung diseases, about better education for the doctor and about a broader viewpoint for the organization. In that connection one speaker after another has urged that in the selection of new members we seek those of good character, of broad training and of human understanding; that we continue to keep the group small and have meetings in isolated, quiet places; and that the older men strive to help the younger ones understand the importance of kindness, sympathy, and generosity in their dealings with patients.

Rehabilitation as we now understand it could be considered an outgrowth of the original aims of our predecessors as they sought a change of climate, better food and housing and a more cheerful outlook of their patients. The efforts of the psychiatrists today are perhaps merely more formal and more scientific applications of the principles involved in the appeal that the true physician be a comforter, a companion and a solace to the sick. The activities of social service departments, of welfare agencies, indeed, of group practice and of community hospital care are simply modern methods of accomplishing for the patient what previously came about more naturally and simply through a lifetime acquaintance with his hereditary and domestic background.